

SPECIAL BULLETIN
(Dist: Hospital, Physician, Audiologist,
Nurse Practitioner, Speech Therapist,
Occupational Therapist, Physical Therapist,
Rehab Center, DME, Comprehensive Rehab,
MC+ Plans)
Vol. 22, No. 3
November 18, 1999



Missouri

MEDICAID



Bulletin

www.dss.state.mo.us/dms

INDEX

PAGE

COVERAGE OF AUGMENTATIVE COMMUNICATION DEVICES	2
DEFINITION	2
ELIGIBILITY FOR EQUIPMENT	2
EVALUATION TEAM/SITE	3
PRIOR AUTHORIZATION REQUIREMENTS	4
AUGMENTATIVE COMMUNICATION EVALUATION FOR AUGMENTATIVE COMMUNICATION DEVICES	4
MODIFICATION/REPLACEMENT/REPAIR OF AUGMENTATIVE COMMUNICATION DEVICE	5
PURCHASE OR RENTAL	6
TRAINING	6
MC+ HEALTH PLANS	6
AUGMENTATIVE COMMUNICATION DEVICE EVALUATION AND TRAINING CODES	6
AUGMENTATIVE COMMUNICATION DEVICE PROCEDURE CODES	7

COVERAGE OF AUGMENTATIVE COMMUNICATION DEVICES

The General Assembly approved funding for Augmentative Communication Devices (ACD) and evaluations for ACDs for Medicaid recipients 21 years and older.

The Division of Medical Services (DMS) has added coverage for evaluations, ACDs and training for all Medicaid recipients regardless of their age.

Effective December 1, 1999, Prior Authorization is required for all ACDs. Prior authorization for an augmentative communication evaluation through the Department of Health Bureau of Special Health Care Needs will no longer be required after November 30, 1999.

DEFINITION

Augmentative Communication Devices are speech prostheses and are regarded as durable medical equipment. ACDs are alternative and supplemental communication equipment used to overcome or ameliorate an individual's inability to communicate due to a disease or medical condition that precludes or significantly interferes with the recipient's participation in activities of daily living. Examples of ACDs are communication picture boards/books, speech amplifiers, speech enhancers, and electronic devices that produce speech or written output. Related accessories such as overlays, batteries, wheelchair mounts, switches, cables, pointing devices, etc. will also be considered. A portable or desktop computer will only be considered when the primary use of the computer will be the recipient's communication device. Examples of non-covered items include but are not limited to: printers, office/business software, software intended for academic purposes, Internet access, computer tables.

ELIGIBILITY FOR EQUIPMENT

DMS will reimburse for electronic or manual ACDs when the device is deemed medically necessary by DMS consultants through prior authorization.

One of the following criteria must be met before an ACD will be considered for approval:

- the recipient cannot functionally communicate basic wants and needs verbally or through gestures due to various medical conditions in which speech is not expected to be restored. (Basic needs include eating, drinking, toileting and indicating discomfort or pain); or
- the recipient cannot verbally or through gestures participate in medical care, i.e., making decisions regarding medical care or indicating medical needs; or
- the recipient cannot verbally or through gestures functionally communicate informed consent on medical decisions.

All of the following must be met before an ACD can be considered for approval. The communication device must be:

- medically necessary;
- consistent with the diagnosis condition or injury and not furnished for the convenience of the recipient or family;
- necessary and consistent with generally accepted professional medical standards of care (i.e., not experimental or investigational);
- established as safe and effective for the recipient's treatment protocol;
- most appropriate and least expensive device that will meet the communication needs of the recipient, and is not intended for vocational or academic reasons;
- supported by the client/family.

EVALUATION TEAM/SITE

In the past, DMS has required that the ACD evaluation occur at a Department of Health Bureau of Special Health Care Needs (BSHCN) approved site. Effective December 1, 1999, the BSHCN will no longer approve prospective evaluation sites for Medicaid. Those sites previously approved or receiving approval in the future by the BSHCN will continue to be Missouri Medicaid approved sites.

For team/sites currently enrolled as a Speech-Language Pathologist, Rehabilitation Center or Outpatient Hospital but not approved by BSHCN that wish to be considered as a Missouri Medicaid evaluation team/site, you may contact the Provider Enrollment Unit at 573/751-2617. Please state if you are currently an enrolled Missouri Medicaid provider. Approval will be given to Speech-Language Pathologists, Rehabilitation Centers and Outpatient Hospitals who meet the following criteria:

- Team/site leader must be a Missouri licensed Speech-Language Pathologist who has a certificate of clinical competency from the American Speech-Language Hearing Association.
- The Speech-Language Pathologist must possess at a minimum two (2) years experience in the evaluation and selection of augmentative communication devices and must have expertise in the determination of which speech and specific ACD and strategies to use to maximize functional communication.
- In addition to the Speech-Language Pathologist, team membership may include but is not limited to the following; Missouri licensed audiologist, educator, occupational therapist, physical therapist, physician, manufacturer's representative, social worker, case manager or a second speech pathologist. At least two of these professionals must participate in the ACD evaluation. Team/site membership may change with each evaluation performed;
- The Speech Pathologist, or any of the team members may not be a vendor of ACDs or have a financial relationship with a vendor/manufacture. This excludes the manufacturer's representative.

A description of your team/site evaluation protocol as well as equipment available for an ACD evaluation must be submitted to DMS, Provider Enrollment Unit. Upon receipt of the required information, a Missouri Medicaid representative will contact you to set up an appointment to observe an evaluation in progress at your facility.

Approval will be granted based on a team evaluation concept and compliance with the requirements. You will be notified in writing of any deficiencies. Approval may be granted upon correction of these deficiencies.

PRIOR AUTHORIZATION REQUIREMENTS

The Durable Medical Equipment provider completes the Prior Authorization (PA) Request form (MO 886-0858 (9-91), Sections I-IV and the recipient's attending physician must complete Section V. In addition to the PA form, an ACD evaluation and a copy of the manufacturer's suggested retail must be submitted with each PA request for an ACD. The PA form and documentation must be submitted to GTE Data Services, P.O. Box 5700, Jefferson City, MO 65102.

AUGMENTATIVE COMMUNICATION EVALUATION FOR AUGMENTATIVE COMMUNICATION DEVICES

The ACD evaluation must be performed by a Missouri Medicaid approved evaluation site. The ACD evaluation must be submitted in report form and must contain the following information:

- medical diagnosis related to communication dysfunction leading to the need for an ACD;
- current communication status and limitations;
- speech and language skills must include prognosis for speech and/or written communication;
- cognitive readiness for use of an ACD;
- interactional/behavioral and social abilities both verbal and nonverbal;
- cognitive, postural, mobility, sensory, (visual and auditory), capabilities and medical status;
- limitations of clients' current communication abilities without an ACD (if a device is currently in use, a description of the limitations of this device)
- motivation to communicate via use of an ACD;
- residential, vocational, educational and other situations requiring communication;
- recipient's name, address, date of birth, and Departmental Client Number (DCN);
- ability to meet projected communication needs: (Does ACD have growth potential? How long will it meet needs?);
- anticipated changes, modifications, or upgrades for up to 2 years;
- training plans;

- plans for parenteral/caregiver training and support;
- statement as to why prescribed ACD is the most appropriate and cost effective device. Comparison of the advantages, limitations and cost of alternative systems evaluated with the recipient must be included;
- complete description of ACD prescribed including all medically necessary accessories or modifications.

MODIFICATION/REPLACEMENT/REPAIR OF AUGMENTATIVE COMMUNICATION DEVICE

The initial prescription for an ACD should attempt to take into account all projected changes in a recipient's communication abilities for at least two years. However, if changes occur in recipient needs, capabilities or potential for communication, necessary modifications/ replacements may be considered when prior authorized under code Y9047 and/or Y9048.

Supporting documentation for the modification or replacement must be submitted by the DME provider along with the PA request form and must include:

- Reevaluation of the recipient by a Missouri Medicaid approved ACD evaluation team/site;
- Changes in the recipient's communication abilities which support the medical necessity/appropriateness of the requested changes.

If requesting a different ACD from the one currently being used by the recipient, a new ACD evaluation by a Missouri Medicaid approved site must be performed.

Replacement of an ACD will be considered due to loss, unrepairable damage, or if the ACD is no longer functional. Prior authorization is required under procedure codes Y9047 and Y9048, Type of Service A.

If requesting replacement with the same ACD, a statement from the Speech-Language Pathologist is required indicating that the client's abilities and/or communication needs are unchanged and/or no other ACD currently available is better able to meet recipient's needs. In addition, the cause of loss or damage must be documented, and what measures will be taken to prevent reoccurrence.

Routine repairs of an ACD not covered by warranty are covered under procedure code Y9047, Type of Service 0-repair. A Medical Necessity form must be submitted along with the claim and must document the reason for the repair. The recipient's physician must sign the medical necessity form if the repair is \$500.00 and over. Battery replacement is considered as a repair.

PURCHASE OR RENTAL

Prior authorization must be obtained for purchase or rental of an ACD. Rental of an ACD will be approved only if the recipient's ACD is being repaired, modified or if the recipient is undergoing a limited trial period to determine appropriateness and ability to use the ACD.

All rental payments will be deducted from the Medicaid purchase price should the trial period indicate the need for purchase of the device.

TRAINING

Up to ten (10) hours of ACD training will be approved in a six month period. In cases where ten (10) hours of training is not adequate, an additional Prior Authorization request is required. The request form must include a detailed explanation of the need for additional hours of training.

MC+ HEALTH PLANS

MC+ Health Plans provide augmentative communication evaluations, devices and training as a benefit to their enrollees. Providers should contact the health plan for their program policies. The information contained in this bulletin refers to services provided on a fee-for-service basis.

AUGMENTATIVE COMMUNICATION DEVICE EVALUATION AND TRAINING CODES

(Billable by approved Team/Site only)

Description	TOS	Code	Reimbursement Guidelines	Reimbursement Amount
Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech	9	92597		\$375.00
Augmentative Communication Device Training	9	Y9851	Prior authorization	\$12.50 per 15 minutes

AUGMENTATIVE COMMUNICATION DEVICE PROCEDURE CODES

(Billable by Durable Medical Equipment Provider Only)

Augmentative Communication Device	A-Purchase	Y9047	Prior Authorization and Evaluation	90% of Manufacturer's Suggested Retail
	T-Rental		Prior Authorization and Evaluation	
	Ø-Repair		Medical Necessity	
Augmentative Communication Device Accessories	A-Purchase	Y9048	Prior Authorization and Evaluation	90% of Manufacturer's Suggested Retail
	T-Rental		Prior Authorization and Evaluation	
Labor-hourly rate	Ø-Repair	Z0150	Medical Necessity	\$27.00 per hour